



6296 Rivers Avenue
Suite 310
North Charleston, SC 29406
truesdalemedical.org

O (843) 266-3870
F (843) 225-3674

HIPAA-ACKNOWLEDGEMENT OF RECEIPT Notice of Privacy Practices

Printed Patient Name: _____

Patient Birth Date: _____

We at Truesdale Medical Center are required by law to maintain the privacy of and provide individuals with the attached Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please ask to speak with our HIPAA Compliance Officer in person or by phone at 843-747-2273. A copy of the Notice is available upon request.

I hereby acknowledge that I have reviewed the HIPAA Notice of Privacy Practice document.

Signature of patient or patient's representative/parent

Date

Printed name of patient or patient's representative/parent

Relationship to patient



6296 Rivers Avenue
Suite 310
North Charleston, SC 29406
truesdalemedical.org

O (843) 266-3870
F (843) 225-3674